

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000003354

1. Entity Name  
TAMPA TOP BRASS MARKETING & SERVICES, INC.



FILED  
04 SEP 13 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5118 NORTH 56TH STREET, SUITE 105  
TAMPA, FL 33610

Mailing Address  
1828 SWIFT, SUITE 401  
NORTH KANSAS CITY, MO 64116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07232004 Chg-P

CR2E034 (10/03)

4. FEI Number  
74-3003770

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLAZE, MARY-K  
5118 N. 56TH STREET SUITE 105  
TAMPA, FL 33610

Name  
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Rd.

City  
Plantation

FL

Zip Code  
33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, type or printed name of registered agent and use if applicable

Sean L. Emerick, Asst. Secy.

(NOTE: Registered Agent signature required when reinstating)

8/10/04  
DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PHILLIPS, A. KEITH  
STREET ADDRESS 7713 NORTH LUCERNE COURT  
CITY-ST-ZIP KANSAS CITY, MO 64151 ☐ Delete

TITLE AS  
NAME CAREW, THOMAS E  
STREET ADDRESS 2600 GRAND AVENUE  
CITY-ST-ZIP KANSAS CITY, MO 64108 ☐ Delete

TITLE STD  
NAME CARTRITE, TERRY V  
STREET ADDRESS 2318 SOUTH ELDRIDGE  
CITY-ST-ZIP LAKEWOOD, CO 80228 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300041259413  
09/22/04--01051--002 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

7/23/04 816-342-8424  
Date Daytime Phone #

JK